

ORIGINAL

RECEIVED-FPSC

05 JAN 18 AM 10:11

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>Tammie Slagle</i> /1/13/05</p> <p>C. Signature <input type="checkbox"/> Agent <i>x Tammie Slagle</i> <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <i>040911</i></p> <p>TeSouth Communications, Inc. Mr. Ron Hale P. O. Box 20038 Knoxville TN 37940-1038</p> <p><i>05-0028</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 0860 0001 1759 7593</p>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
RCA _____
SCR _____
SEC 1
OTH _____

DOCUMENT NUMBER-DATE

00552 JAN 18 08

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